

Name
in
Full

William Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Inverness</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MAYLAND	
Date of death	<i>1908</i>	Month <i>Jan</i>	Day <i>21st</i>	Age <i>About 80</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mass-</i>				
Occupation <i>Oysterman</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah Bennett</i>						
Father's Name <i>— Don't know</i>	Father's Birthplace <i>—</i>						
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>						
Name of person giving information <i>Sarah Bennett</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>One Week</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. E. Dickinson</i>
Address <i>Upper Fairmount</i>	<i>MA</i>
Accident or Suicide? <i>—</i>	



Thos. W. Landon Esq
Landonville
Md.

Name
in
Full

Betty Cambell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

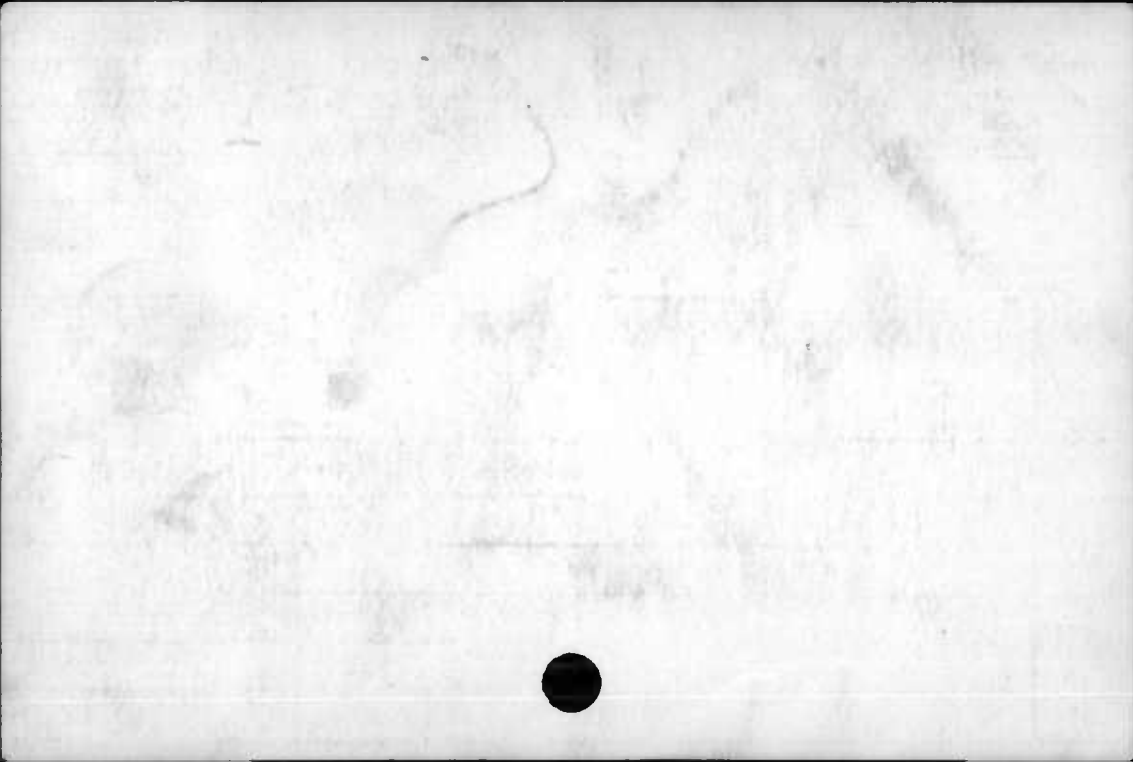
Died at		Town Chase		County Somerset		MARYLAND	
Date of death 1908		Month Jan	Day 1st	Age 14	Years -	Months 7	Days
Sex Female		Color or Race White		Birth- place Somerset Co.			
Occupation None				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Joseph Cambell				Father's Birthplace Maryland			
Mother's Maiden Name Rose Whalley				Mother's Birthplace Somerset Co.			
Name of person giving In formation Joseph Cambell				How related to deceased Father			

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary		How long	
Diphtheria		8 days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. P. Henderson, M.D.	
Address		Somerset Co., Md.	
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

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NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months		Days
1908		Jan	2	Age			
Sex		Color or Race		Birth-place			
Michael		White		1907			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Emma Green				Mother			

CAUSES OF DEATH

88

PHYSICIAN
OR CORONER

Primary	Acute Catarrhal Nephritis	How long	10 days
Immediate	Asthma	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. H. Alexander	
		Address	
		Somers Co.	
Accident or Suicide?			



Name
in
Full

Amelia R. Dixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

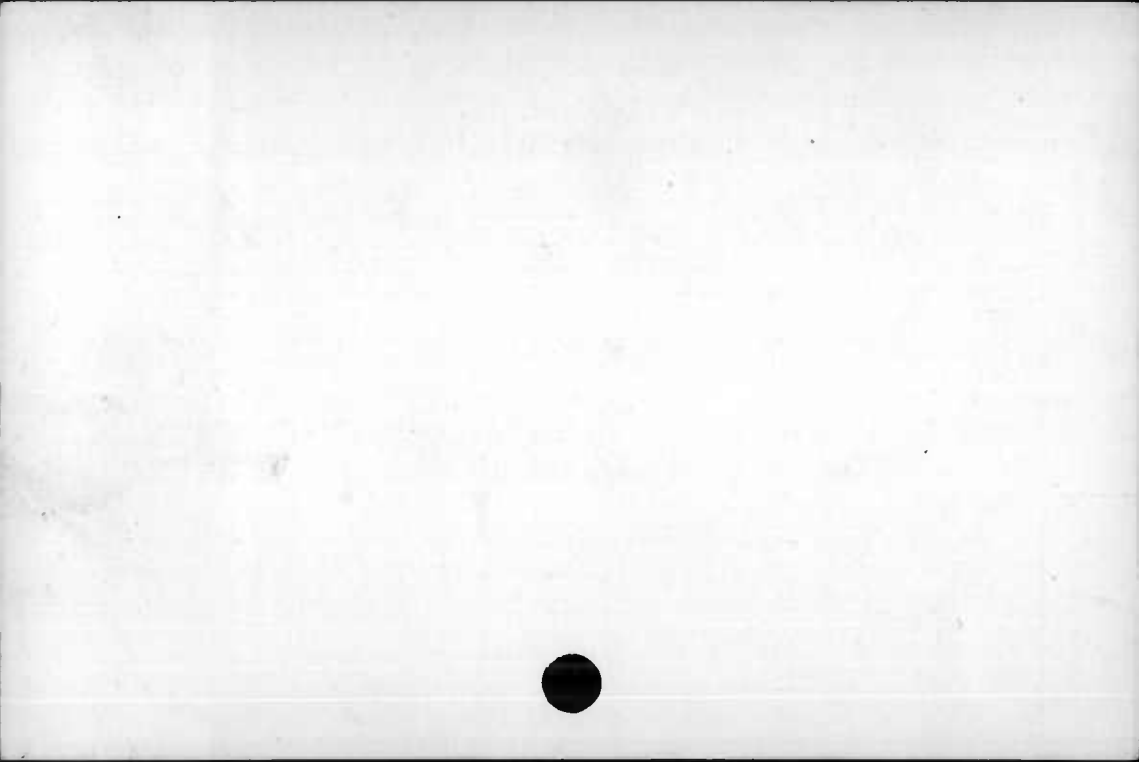
Died at		Town Marion		County Somerset		MARYLAND	
Date		Month		Day		Years	
of death 1908		Jun		30		Age 53.	
Sex		Female		Color or Race		Birth- place	
Occupation		Somerset		Where Residing if not at place of death		Marion Md	
Married, Single or Widowed		Widow		Name of Wife or Husband		Burk Dixon	
Father's Name		Samuel Johnson		Father's Birthplace		Marion Md	
Mother's Maiden Name		Melba Horsey		Mother's Birthplace		Marion Md	
Name of person giving Information		Jimmie Johnson		How related to deceased		Sister.	

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	Uterine Carcinoma	How long	one year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. F. Houe	
Address		Crisfield Md	
Accident or Suicide?			



Name
In
Full

Frederick P. Elmore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

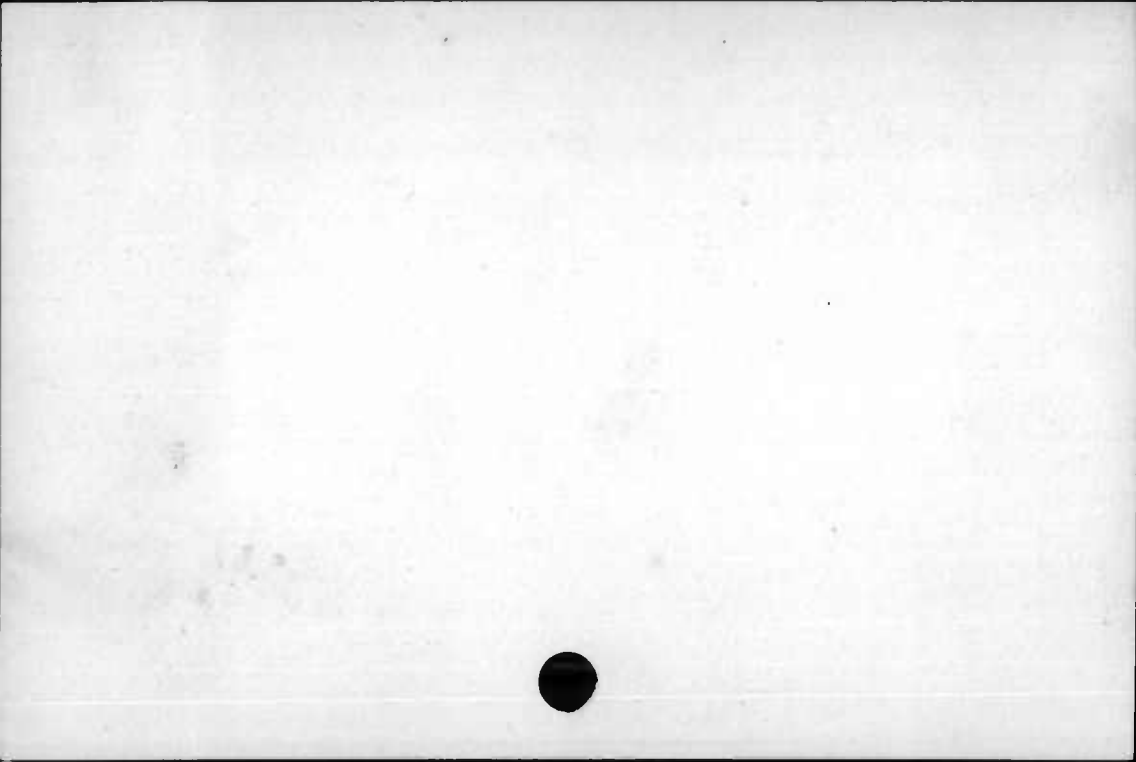
Died at <u>Crisfield Md</u>		County <u>Somerset</u>			
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>29</u>	Years <u>58</u>	Months <u>10</u>	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>North Charles Co Va.</u>		
Occupation <u>Capt. & Prob. Clerk</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Emily Full</u>				
Father's Name <u>Don't know</u>	Father's Birthplace				
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace				
Name of person giving information <u>Soden Elmore</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary	<u>Paralysis</u>	How long <u>3 weeks</u>
Immediate	<u>"</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. B. Ballin</u>	
	Address <u>Crisfield Md.</u>	
Accident or Suicide? <u>No</u>		



Name In Full		Nellie Bess Elzie Town				County Somerset		CERTIFICATE OF DEATH	
Died at		At home		Somerset		MARYLAND			
Date of death		1908	Month 1	Day 23	Age	Years —	Months 6	Days —	
Sex		Female		Color or Race		Black		Birth-place Somerset Co. Ind.	
Occupation		✓		Where Residing if not at place of death		✓			
Married, Single or Widowed		Single		Name of Wife or Husband		✓			
Father's Name		Richard Elzie				Father's Birthplace		Ind	
Mother's Maiden Name		Rosa Elzie				Mother's Birthplace		" "	
Name of person giving information		Richard Elzie				How related to deceased		Father	
		CAUSES OF DEATH				(92)			
Primary		Bronch pneumonia				How long		at days	
Immediate		Aspiration				How long			
Are the name, age, sex, color, date and place correctly given above?		9				Signature of Physician		E. Smith (In D. in attendance)	
						Address			
Accident or Suicide?									



Name
In Full

John Sauer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
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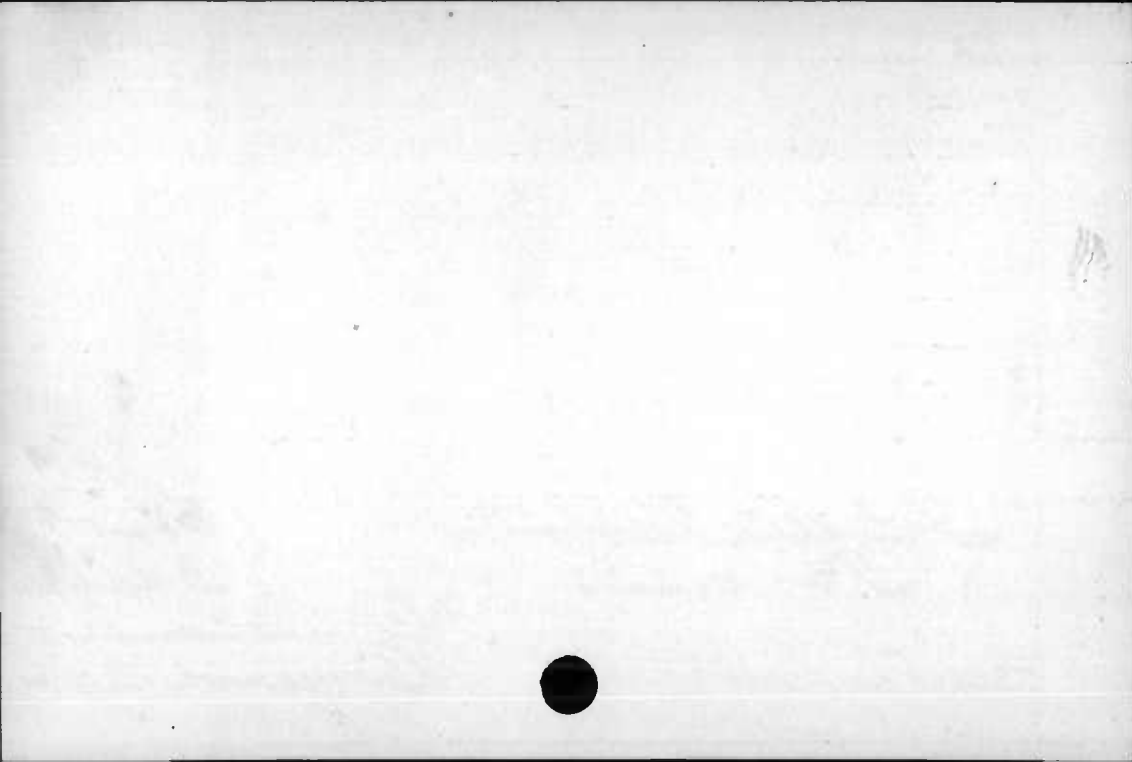
Died at <i>not known</i>			County <i>Sanmar</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
<i>1908</i>	<i>Jan</i>	<i>8</i>	<i>80</i>			
Sex	Color or Race		Birth-place			
<i>Male</i>	<i>Black</i>		<i>nd.</i>			
Occupation			Where Residing if not at place of death			
<i>Farmer</i>						
Married, Single or Widowed			Name of Wife or Husband			
<i>Widowed</i>						
Father's Name			Father's Birthplace			
<i>Unknown</i>			<i>?</i>			
Mother's Maiden Name			Mother's Birthplace			
<i>Unknown</i>			<i>?</i>			
Name of person giving information			How related to deceased			
<i>Geo. Sauer</i>			<i>Son</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Endocarditis + Endarteritis</i>	How long	<i>3 yrs.</i>
Immediate	<i>Asthma</i>	How long	<i>Several months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Chas. J. Taylor M.D.</i>	
		Address	
		<i>Princess Anne</i>	
		<i>nd.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
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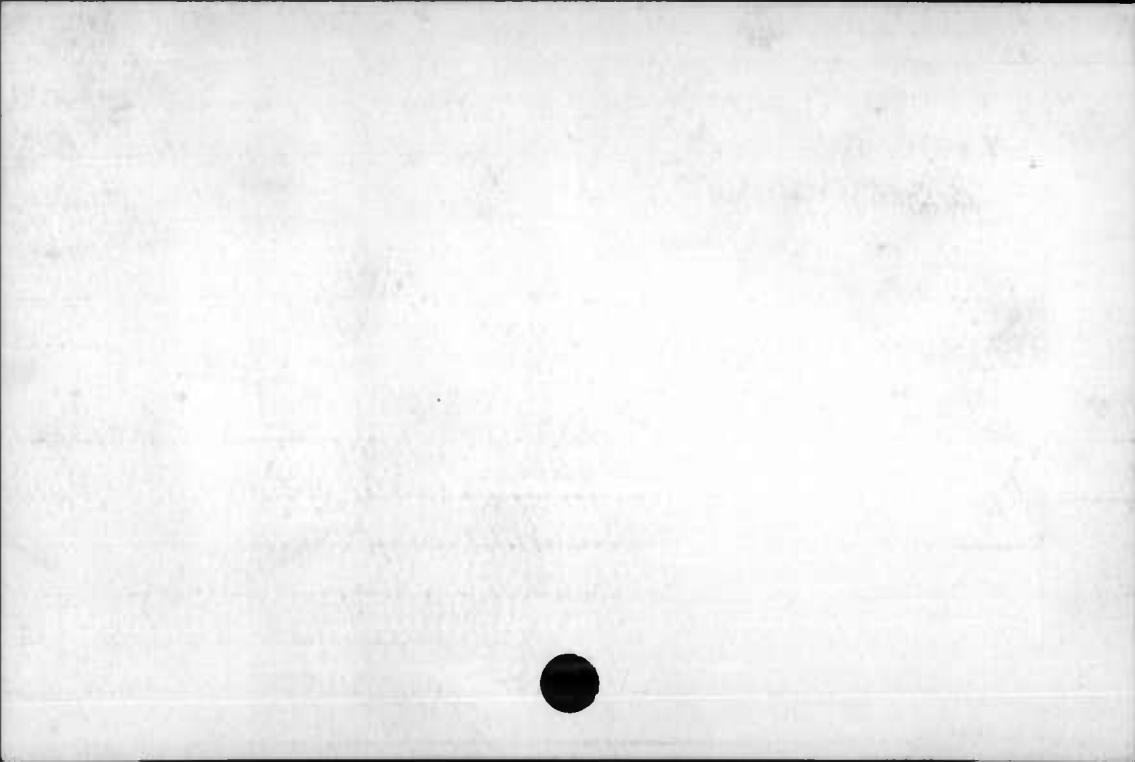
Name in Full <i>Larry Ellen Harsey</i>		Town <i>Drab Island</i>		County <i>Somerset</i>		MARYLAND	
Died at		Month <i>Jan</i>		Day <i>3</i>		Years <i>62</i>	
Date of death <i>1908</i>		Month <i>Jan</i>		Day <i>3</i>		Years <i>62</i>	
Sex <i>Female</i>		Color or Race <i>Ballard</i>		Birth-place <i>Hab. hab</i>			
Occupation <i>Home helper</i>		Where Residing if not at place of death <i>Drab Island</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Samuel Harsey</i>					
Father's Name <i>James H. Ballard</i>		Father's Birthplace <i>Princeton</i>					
Mother's Maiden Name <i>Jones</i>		Mother's Birthplace <i>Hab. hab</i>					
Name of person giving information <i>Ethel Harsey</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORDNER

Primary <i>Interstitial Nephritis</i>		How long <i>1 year</i>	
Immediate <i>Toxemia</i>		How long <i>3 days.</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. G. Alexander</i>	
<i>Filled by Undertaker</i>		Address <i>Cameron Co.</i>	
Accident or Suicide? <i>_____</i>			



Name
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Full

Emma C. Hayman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

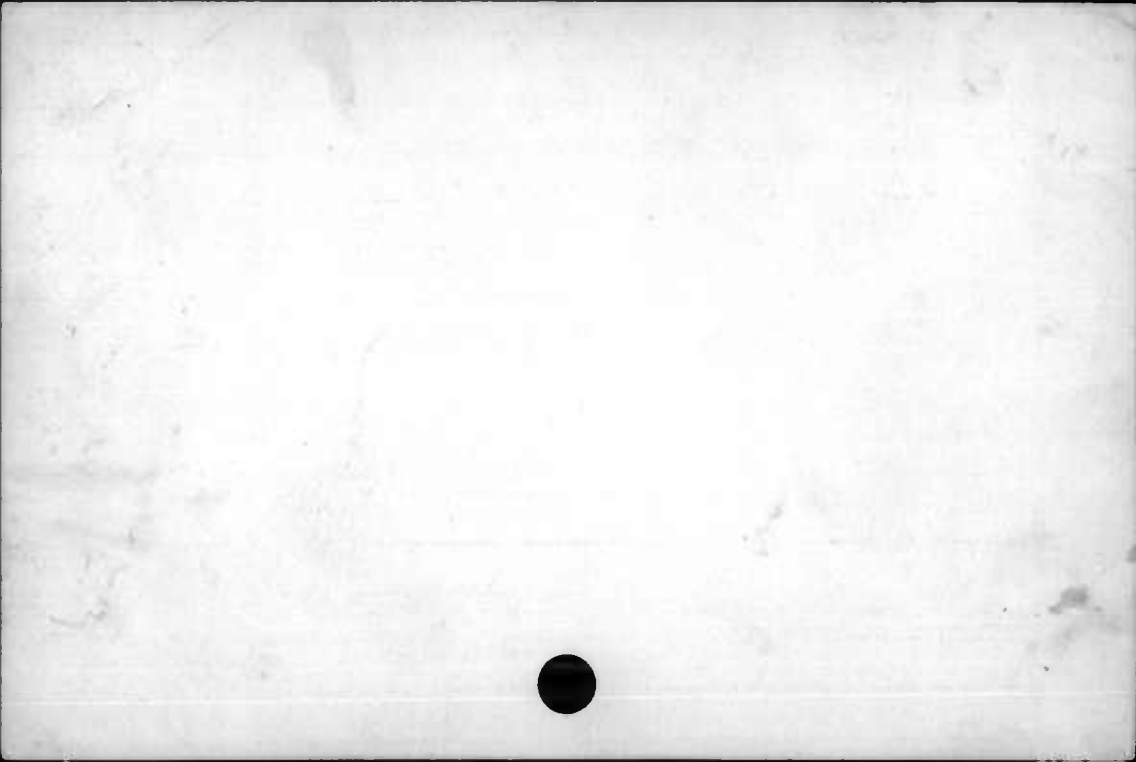
Died at <u>Kingston</u>		Town <u>Somerset</u>		County		MARYLAND	
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>18</u>	Age <u>5-1</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Somerset Co.</u>				
Occupation <u>Housework</u>			Where Residing if not at place of death				
Married, <u>Single</u>			Name of Wife or Husband <u>Algie Hayman</u>				
Father's Name <u>Elizabeth Whittington</u>			Father's Birthplace				
Mother's Maiden Name <u>Jane Hill</u>			Mother's Birthplace				
Name of person giving information <u>Mormon Whittington</u>			How related to deceased <u>Nephew</u>				

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <u>Mitral Insufficiency of Heart</u>	How long <u>Several years</u>
Immediate <u>Acute Nephritis & Dropsy</u>	How long <u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. J. Q. B. Allen</u>
	Address <u>Marion Md.</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Infant

CERTIFICATE OF DEATH

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NEAREST FRIEND

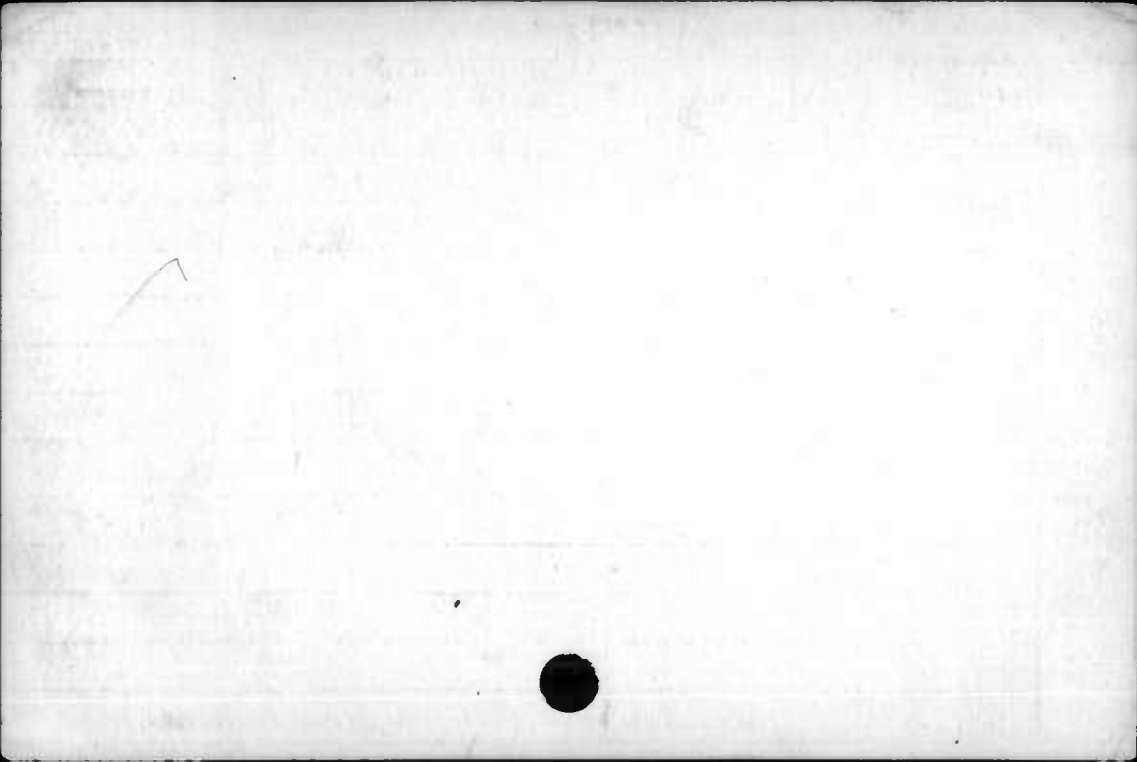
Died at <i>Princes Anne</i> Town <i>James</i> County <i>Somerset</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>25</i>	Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>27</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Princes Anne</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Woodland P. James</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Julia L. Bay</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>W.P. James</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry M. Luskard</i>
<i>Q</i>	Address <i>Princes Anne</i>
Accident or Suicide? <i>no.</i>	<i>md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

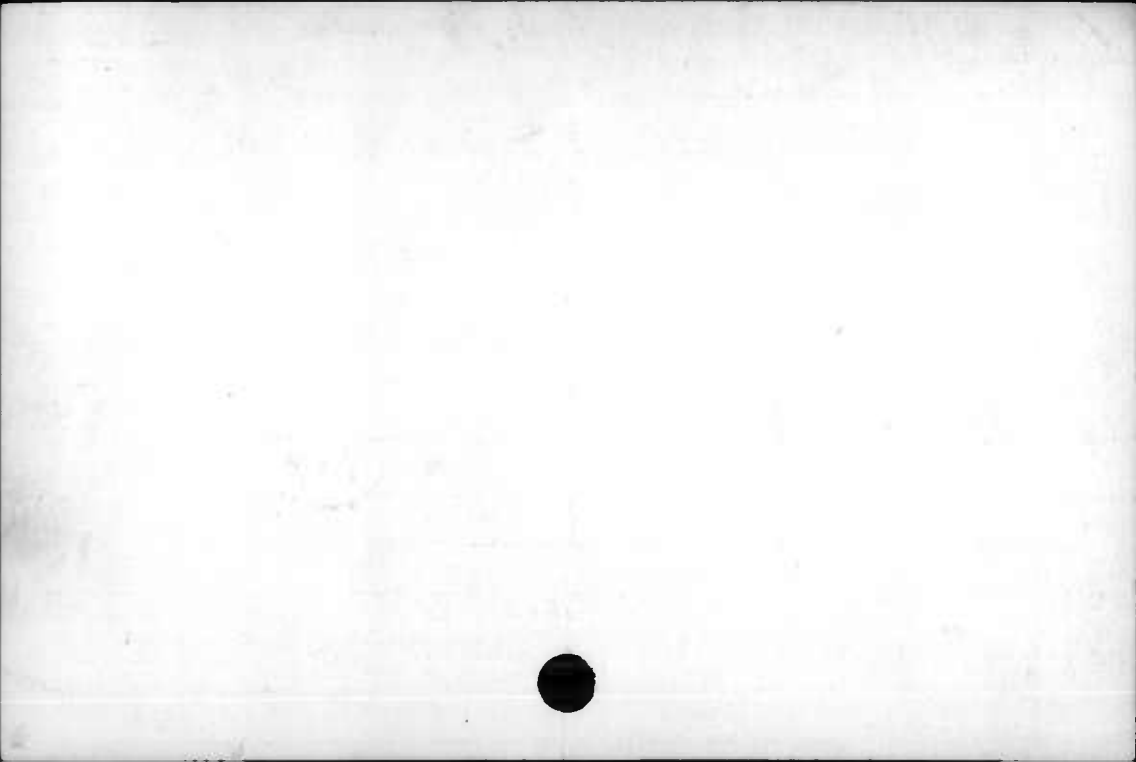
Died at		Town		County		MARYLAND	
Date of death	1908	Month	Jan	Day	22	Years	74
Sex	male	Color or Race	Black	Months	—	Days	—
Occupation	Farmer		Where Residing if not at place of death		Deal's Island. Md		
Married, Single or Widowed	Married		Name of Wife or Husband		Margaret Jones		
Father's Name	Sandy Jones		Father's Birthplace		Virginia		
Mother's Maiden Name	dont know		Mother's Birthplace		Virginia		
Name of person giving information	Wife of deceased.		How related to deceased		wife		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	General debility	How long	4 years
Immediate	Anaemia	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
shesoin so		Gorbs Forman Sub Registrar	
		Address	
		Deal's Island Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

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Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Father's Name		Mother's Maiden Name		Name of person giving information		How related to deceased	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Mail at once to

John & Gordy

Westover

md

Name
in
Full

Wm. J. Pinkett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

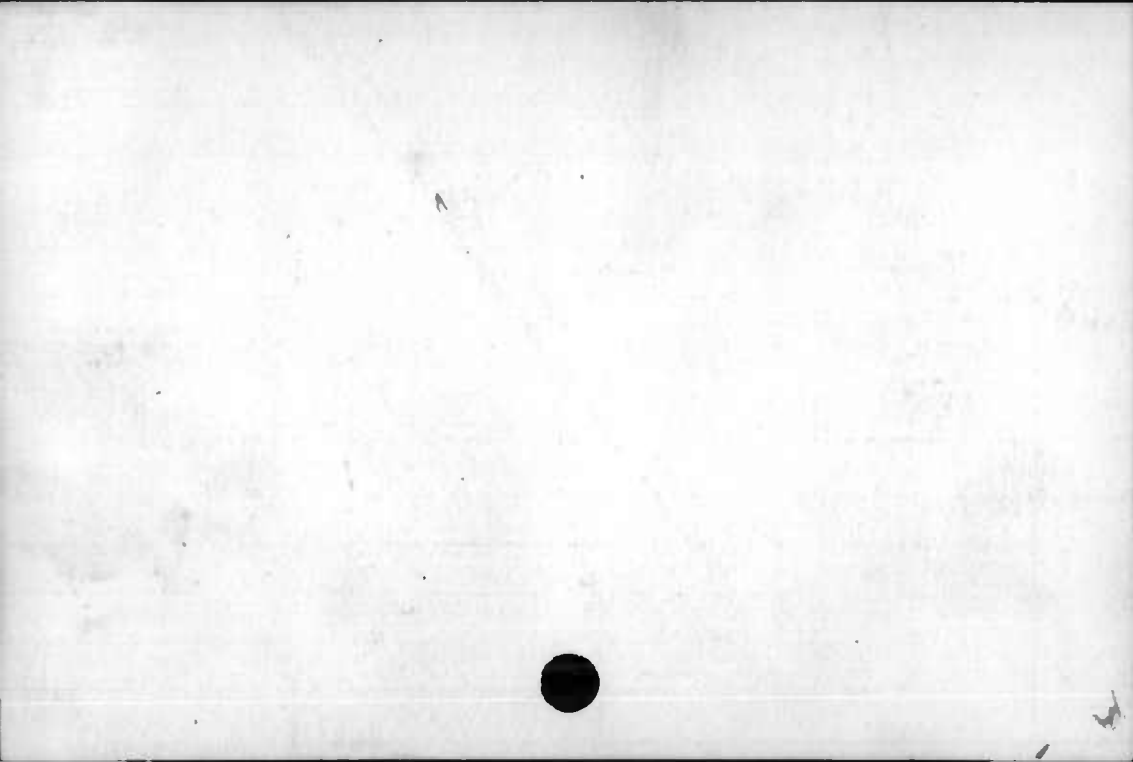
Died at		Town Chauce		County Somerset		MARYLAND	
Date of death		1908	Month Jan	Day 13th	Age 1	Years 1	Months 8
Sex		Male		Color or Race Colored		Birth-place Somerset Co.	
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name Edwd Pinkett				Father's Birthplace Somerset Co.			
Mother's Maiden Name Sarah Jane Williams				Mother's Birthplace Somerset Co.			
Name of person giving information Edwd Pinkett				How related to deceased Father			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Euteritis	How long	3 weeks
Immediate	As + pneumonia	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. W. Williams, M.D.	
Yes		Address James Quarter, Somerset Co., Md.	
Accident or Suicide?		—	

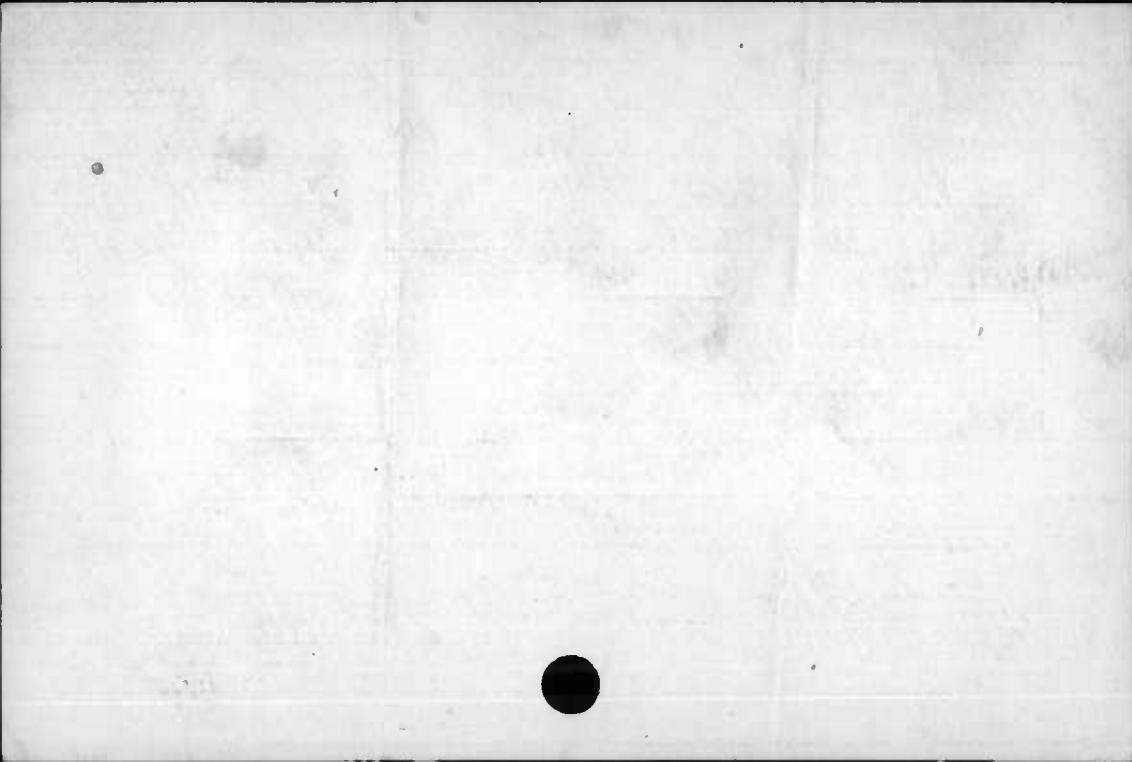


TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Clifford Sterling				CERTIFICATE OF DEATH	
Died at		Baltimore		County		MARYLAND	
Date of death		1908	June	9	Age	21	Months
Sex		Male		Color or Race		Blk	
Occupation		Laborer		Where Residing if not at place of death		Cusfield Md	
Married, Single or Widowed		Married		Name of Wife or Husband		Mamie Sterling	
Father's Name		Kiron Sterling		Father's Birthplace		Baltimore Md	
Mother's Maiden Name		Vigie Whittington		Mother's Birthplace		Baltimore Md	
Name of person giving information		Harold Whittington		How related to decedent		Uncle	
<div style="text-align: center;">CAUSES OF DEATH</div>							
Primary		Pulmonary Phthisis				How long	
Immediate		Asthemia				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. H. Boulbourn	
				Address		Cusfield, Md	
Accident or Suicide?		No					

27



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary J. Sterling

Died at *Lawsonia* Town *Somerset* County

Date of death *1908* Month *Jan* Day *19* Age *74* Years Months Days

Sex *Female* Color or Race *White* Birthplace *Lawsonia Md*

Occupation *Housekeeper* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *John Sterling*

Father's Name *Gravon Sterling* Father's Birthplace *Lawsonia Md*

Mother's Maiden Name *Grace Sterling* Mother's Birthplace *Lawsonia*

Name of person giving information

How related to deceased

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary *Cancer of transverse colon* How long *8 months*

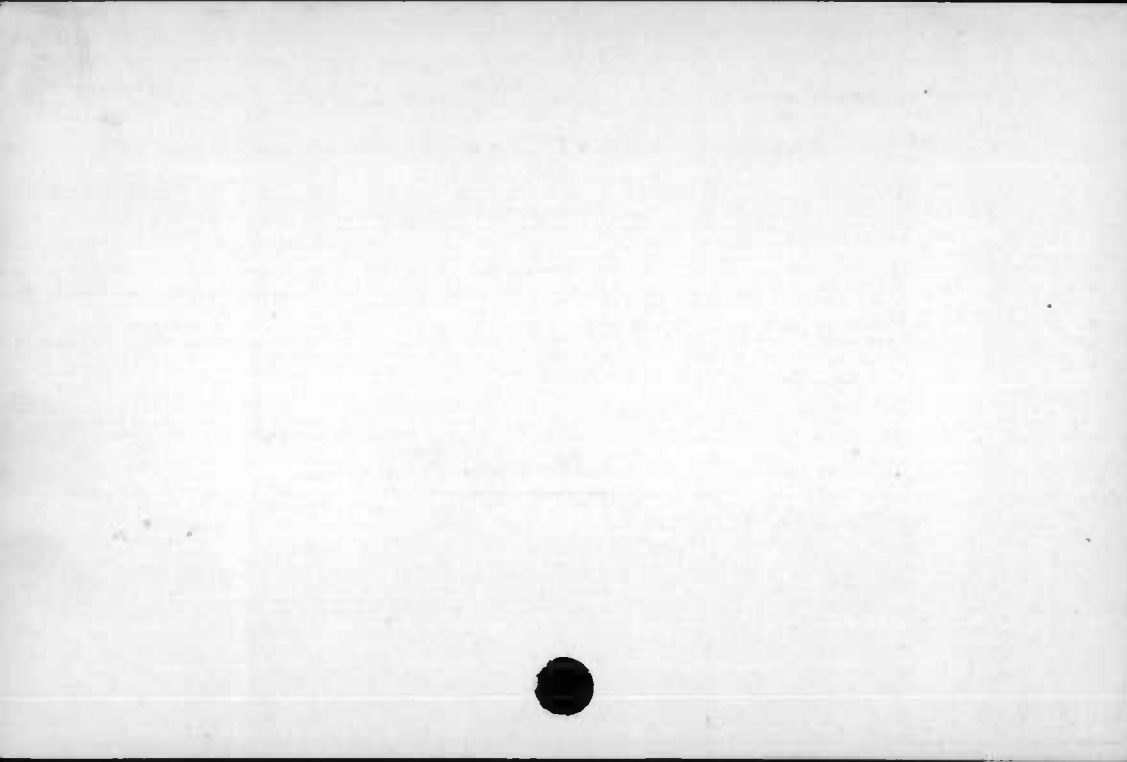
Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W F Hall*

Address *Englewood Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Arthur J. Stevens		Town Orbelle		County Somerset		MARYLAND	
Died at Orbelle		Month June		Day 10		Age 1	
Date of death 1908		Month June		Day 10		Years 1	
Sex Male		Color or Race colored		Birthplace Somerset		Months 6	
Occupation infant		Where Residing if not at place of death 11					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name John A. Stevens		Father's Birthplace 11					
Mother's Maiden Name Amanda Collins		Mother's Birthplace 11					
Name of person giving information John A. Stevens		How related to deceased Father					

CAUSES OF DEATH

108
How long

Primary

Indigestion

Immediate

Strangulation of bowels

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

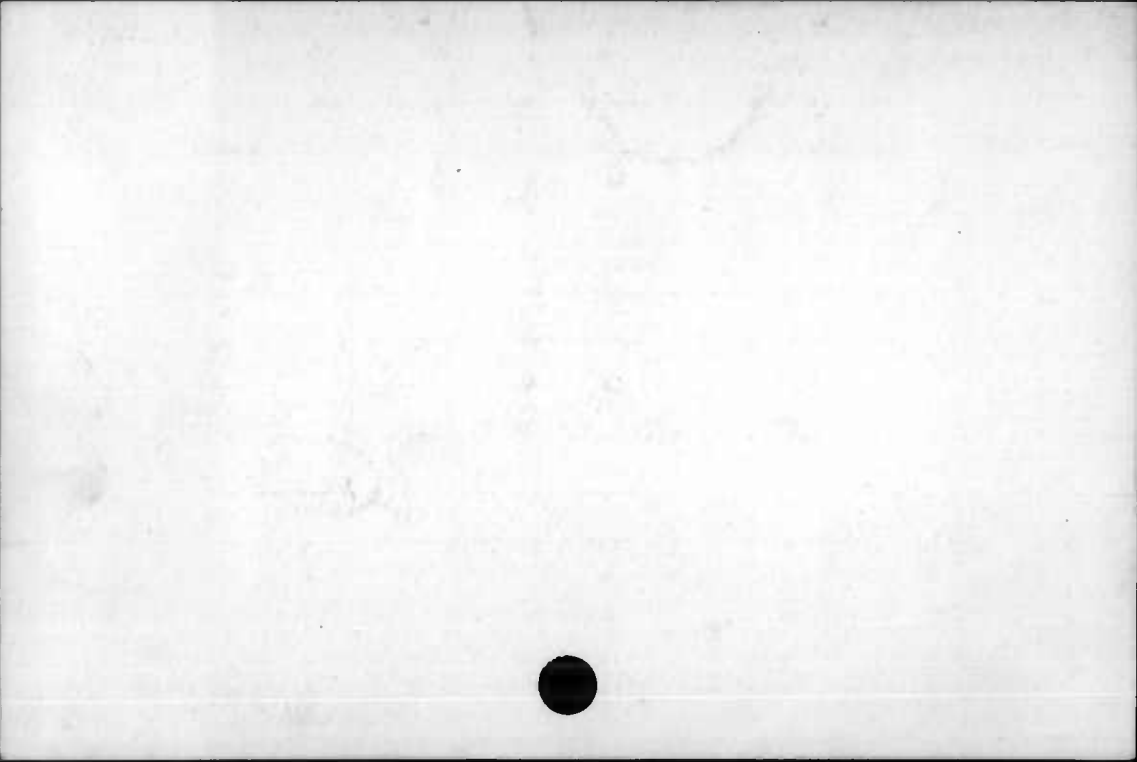
yes

Signature of Physician

Address

Samuel J. Smith
Parsonage city md

Accident or Suicide?



Name in Full <i>Shirley Brown</i>		Race <i>White</i>		CERTIFICATE OF DEATH	
Town <i>Cheney</i>		County <i>Somerset</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>Jan</i> Day <i>7th</i> Years <i>—</i> Months <i>—</i> Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Som. Co.</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>David White</i>		Father's Birthplace <i>Som. Co.</i>			
Mother's Maiden Name <i>Lena Jones</i>		Mother's Birthplace <i>Som. Co.</i>			
Name of person giving information <i>David White</i>		How related to deceased <i>7. father</i>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="position: relative; width: 100px; height: 100px; margin: 0 auto;"> S </div>					
Primary <i>Shirley Brown</i>		How long <i>—</i>			
Immediate <i>—</i>		How long <i>—</i>			
Are the name, age, sex, color, date and place correctly given above? <i>—</i>		Signature of Physician <i>S. J. Lounds, M.D.</i>			
		Address <i>Dr. J. Lounds, M.D. Somerset Co., Md.</i>			
Accident or Suicide? <i>—</i>					

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

